

Mandates for Change

in Local Health Departments

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Literature Review

LOCAL health officers are beset on many fronts with suggestions for potential innovations in programs, each competing for attention and implementation. Such priorities or "mandates for change" often given rise to new dimensions and responsibilities not already numbered among the array of current services offered by local health departments.

What is the nature of today's "new look" in local public health? Are trends developing in public health programing that might be identified as benchmarks against which the progressiveness of local health departments might be measured?

As a baseline for a larger study of innovativeness among local health departments and of forces that move local health departments toward change, the author thought it useful to approach an answer to these questions by systematically identifying the new dimensions of service that currently cry for adoption.

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An intuitive approach might suffice for this purpose but would lack both system and documentation. Policy statements, program guides, and administrative manuals identify some of the new directions in which local health departments are encouraged to move, but these often lack comprehensiveness and generalizability. A general survey of recent professional literature, however, might be expected to yield the most comprehensive disclosure of current program innovations that have been the subject of professional discussion and are presently advocated for adoption by local health departments. This latter resource, therefore, was chosen for purposes of a baseline study.

Advocacy—as expressed in the published word, the acts of surrogates and consultants, formal and informal interpersonal contacts between advocates and potential adopters, and so on—is but one of several important classes of effects that support the adoption of innovation. As distinguished from other supportive factors (1) such as needs for innovation, values of novelties, the roles played by those in power positions and with vested interests, and characteristics of accepters of change, advocacy stands alone in playing a significant role in the

initial diffusion of an innovation from the mind of the conceiver to the mind of the potential adopter.

The professional literature, as one means of advocacy, was chosen for discussion because it broadly reflects the many and varied new functions currently being pressed upon local health departments for adoption.

Method of Study

In the United States, with respect to the philosophy and technology of public health practice, two journals, the *American Journal of Public Health* and *Public Health Reports*, may be considered the usual and common sources of information for local health officers. Both are published monthly and both are available to local health officers. A recent study by the author on the adoption of new programs by local health departments in California disclosed that 87.5 percent of the full-time local health officers in that State read one or both of these journals regularly. Although the two journals are not the only professional literature to which local health officers are recurrently exposed, a sufficiently high number of them regard the two as basic references to support their use for literary survey purposes.

Three volumes each of the *American Journal of Public Health* and *Public Health Reports* for 1961, 1962, and 1963 were chosen for review. More than 800 articles in these volumes were surveyed for instances where authors clearly call the attention of local health departments to new or emerging issues and problems suggestive of implementation at the local level.

Of all the articles reviewed in the three volumes of the *American Journal of Public Health*, approximately 20 percent (accounting for journal pages and content) called for new or changed programs by local health departments. A similar percentage was found to exist in the articles reviewed in *Public Health Reports*. Between 1961 and 1963, this proportion remained fairly constant, decreasing only from a high of 21.2 percent to 19.8 percent, which suggests no abatement of suggestions.

The spirit of the review was based on the assumption that repeated reference in the commonly read professional literature to the same

or a similar priority tends toward a cumulative advocacy connoting a mandate.

The professional papers included in this review found their way into the pages of the two journals by various means. A common route was by presentation at a professional meeting, followed with screenings by various reviewers and ultimate recommendation for publication. A limited number of papers were direct contributions, some of which were solicited. Because of the respective reviews to which these journals subject a paper, the assumption is that the subject matter holds a high degree of merit and that the author is a professional of some repute. This kind of screening undoubtedly precludes the publication of many valuable papers that may be contentious and not fully documented. It also can hamper publication of papers prepared by newer, not well-known professionals, whose youth, flexibility, and imaginativeness might offer suggestions that are even more novel than those offered in the papers included in this survey.

Basic Findings

Analysis of the literature published in the *American Journal of Public Health* and *Public Health Reports* during 1961-63 disclosed 163 articles that suggested or implied new issues for implementation by local health departments. The papers treated 36 distinct new program areas that were recommended for local health departments. These data have been digested and the 36 items subsumed under the following 5 broad supercategories: general coordination, planning, and study, 9; mental health, 6; organization of medical care services, 5; delivery of medical services, 9; and environmental health, 7. The new programs were arranged by category and position within category in rough descending order of frequency mentioned in the literature.

General Coordination, Planning, and Study

Health aspects included in total community planning
Joint planning of health programs with other agencies
Planning for comprehensive health care
Coordination of health resources and facilities
Research and evaluation
Analysis of community health data
Use of social sciences in health planning programs
Planning based on economic considerations
Metropolitan planning of areawide affairs

Mental Health

Organizational center for mental health activities
 Collaboration with others in mental health
 Services for ex-mental patients
 Coordination of mental health activities
 Services to meet problems of urban youth
 Suicide prevention

Organization of Medical Care Services

Integration and coordination of medical care
 Organization for comprehensive medical care
 Assessment of medical care quality
 Development of rehabilitation facilities
 Planning for the aging population

Delivery of Medical Services

Chronic illness, early detection programs
 Disease eradication as an operational goal
 Comprehensive maternal and child health services
 Family planning, birth control
 Home nursing services
 Alcoholism prevention, treatment, rehabilitation
 Nutrition services
 Government employee medical services
 Correction of hearing and speech defects

Environmental Health

Control of ionizing radiation (medical, industrial)
 Accident prevention
 Water resources management
 Occupational health
 Air pollution control
 Sanitation of medical institutions
 Noise control

As the subject matter was revealed, two interesting aspects were noted: first, the overwhelming bulk of the topics related to coordinative, integrative, and planning functions, which are foreseen as the "new look" in local public health practice; second, and conspicuously absent, were references to basic or traditional pub-

lic health program activities. A few exceptions were found; for example, maternal and child health services, sanitation of medical institutions, correction of hearing and speech defects, and analysis of community health data. The literature devoted to these subjects suggests more comprehensive activity than that usually and traditionally associated with such program areas.

A large number of papers were found in the literature that treated the more commonplace programs of local health departments dealing with technological and procedural matters. Such papers were not included in this review since new dimensions were not suggested. This was particularly true of environmental health programs, for which relatively few new concepts appeared in the surveyed literature but to which a large number of technical papers were devoted. A "new look" in more traditional laboratory services appears tangentially in the mandates disclosed by this survey, such as in laboratory testing for detection of chronic illness.

It would seem that for fundamental public health functions such as environmental sanitation and laboratory service, the demands of the day require more attention to technological improvement than to innovative embroidery. The opposite seems to be true for the remaining medical, clinical, and administrative aspects of local public health practices, as relatively few articles in the literature treated the basic procedures and techniques usually associated with such programs. To the contrary, the magnitude of the literature devoted to new medical, clini-

Number of times new program categories were cited in the American Journal of Public Health and Public Health Reports, 1961-63

	American Journal of Public Health				Public Health Reports				Total for both publications
	1961	1962	1963	Total	1961	1962	1963	Total	
General coordination, planning, and study functions	14	12	10	36	4	8	9	21	57
Mental health	4	9	7	20	5	2	1	8	28
Organization of medical care services	9	8	6	23	2	2	3	7	30
Delivery of medical care services	9	8	9	26	5	9	7	21	47
Environmental health	8	4	5	17	6	1	2	9	26
Total	44	41	37	122	22	22	22	66	188

¹ Does not agree with the 163 papers included in the survey, as several articles dealt with multiple subjects.

cal, and administrative functions would seem to suggest a preoccupation with shifting attention to unexplored and often contentious areas of practice. Contemporary advocacy is thus seen as being placed on innovations calculated to broaden the medical and administrative components of public health.

The table gives data on the number of literature citations that each of the broad super-categories of new programs received in the journals surveyed, by year of appearance. No broad grouping of new program suggestions was given sudden attention; rather, an even distribution of articles appeared over the 3 years. In the *American Journal of Public Health*, one might note a slight decline in frequency in the areas of general coordination, planning, and study functions and organization of medical care services, while the tempo of such articles simultaneously increased in *Public Health Reports*.

Otherwise, the frequency and ratio of treatment between the journals held fairly constant during the review period, which suggests a continuum of advocacy that would be calculated to have an important stimulatory effect on the rate of adoption of such activities by health departments. The differences in frequency between the two journals are slight enough to preclude any suggestion that one belatedly "joined the bandwagon" of the other. In fact, the distributions presented in the table suggest a rather constant and uniform declaration that local health departments "get on with the job" in respect to these new programs.

Literature "Mandates" and Formal Policy

In November 1963 the governing council of the American Public Health Association (APHA) adopted a policy statement dealing with the general responsibilities of local health departments (2). That document updated and went beyond policy statements adopted in 1940 and 1950. It called attention by specific citation, through example or by inference, to 40 functions that were thought to be appropriate activities for local health departments, in addition to the more basic responsibilities detailed in earlier statements. To what extent has the recent professional literature supported the

functions envisaged for local health departments in this latest policy statement? Have those who contributed to the recent literature gone beyond this position paper in suggesting other departures from basic functions for local health departments?

A gross examination of the programs outlined, in conjunction with the 1963 APHA policy statement, reveals that 12 of the 36 new activities dealt with in the literature were not specifically included or cited as examples in the policy statement.

It is thus interesting to note that the 1963 policy statement proclaimed a role for local health departments in the promotion of mental health services, but not specifically as the central focus or coordinator of such functions in the community. Also, although the policy statement sets forth a number of broad planning functions for the local health department, including joint planning and total community planning, the economic considerations implicit in such planning and in areawide planning by metropolitan authorities were apparently overlooked.

Specific activities, such as the prevention of suicide, encouragement of proper nutrition, prevention and treatment of alcoholism, family planning, control of noise, and management of water resources may have been subsumed, in the minds of those who drafted the statement, under more general statements of function. Not implied, however, were newer functions such as an assessment of the quality of medical care and, as an operational goal, the eradication of disease. In general then, it might be suggested that the 12 new functions outlined may represent still emerging activities that, although extolled in the professional literature, have not yet achieved the status of being generally recommended to local health departments.

From another point of view, one finds that eight functions which are implicit in the 1963 APHA policy statement do not appear specifically in the recently reviewed literature, at least in the sense that authors draw attention to local health department responsibilities for such activities or functions. The eight functions include six environmental health programs—stream pollution, insecticide control, herbicide control, food additives, drugs, and

solid wastes; the possible operation of general and special hospitals; acute or continued care facilities for the mentally disturbed; and a role in encouraging the development of prepayment schemes to meet the costs of medical care.

It might be assumed that literature published before the review period has fully and adequately treated these subject areas and because of prior advocacy they are found in the recent policy statement.

Analysis of the two kinds of directives for the planners of local health department programs (a policy statement and recurrent mention in the professional literature) corroborates the logical expectation that the current literature has tended to stay somewhat ahead of recent official policy positions with respect to suggesting unorthodox or radical departures from more commonly accepted roles and functions for local health departments. At the same time, once certain kinds of new activities found their way into a recent listing of recommended functions, it seems that the attention given to them in professional publications diminished to some extent.

Principal Conclusions From Survey

One strikingly central thread appears to run strongly throughout the new priority areas treated in the literature survey, as well as in the APHA policy statement. This is the concept of the health department as the planner (the cooperator and pivotal agency about which many diverse activities are conducted), liaison body, leader, stimulator, and appropriately balanced part of the total community health enterprise.

To be sure the literature contains a wealth of specific new programs that cry for expression in communities, but only in rare instances did the suggester insist that the health department, per se and independently, plan to do these things. Rather, the tone implied that modern local health departments, in meeting today's challenges, should be in the position of seeing that the new functions are accomplished rather than doing them.

Such emphasis is entirely appropriate to the types of new programs suggested in the litera-

ture as innovations, for they are essentially the kinds of activities that demand teamwork, cooperation, and fullest awareness and use of every available resource. The new program areas on which the literature seems to have concentrated are also those in which few if any legal restrictions exist that might prohibit the participation of others or require specific functions on the part of the health department itself.

Blum and Leonard (3) sum up this theme by suggesting two roles for the modern local health department: first, that of provider (food, water, milk, garbage and sewage disposal, insect and animal control, and so on), along with direct services for medical care, rehabilitation, alcoholism, mental illness, and other needs of the client population; and second, that of watchdog of community health, with freedom and willingness to examine and supervise various utility, private, or other governmental services, as well as its own activities. Inherent in the role of watchdog of community health is the assumption that the health department has the responsibility of determining the health needs of the community and then, either by direct action or the stimulation of others, seeing to it that these needs are met. This same philosophy seems to have been implicit in much of the professional literature over the past several years.

The question remains as to the extent to which current mandates for program innovations have been implemented by local health departments. Since facilities, money, time, and personnel are the scarcest commodities at the disposal of most local health officers, it is difficult to conceive of immediate and significant expansion of programs in several new dimensions without concurrently significant expansion in the resources available to local health departments.

REFERENCES

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